Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/723,547 **Application Number** TRANSMITTA 11/26/2003 Filing Date For FY 2005 First Named Inventor Samir Chaudhry Trinh, Michael Manh **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2822 Chaudhry 26-19-9-13-6/075903-285 TOTAL AMOUNT OF PAYMENT (\$) 620.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 Utility 300 500 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 500 250 600 300 Reissue 150 Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets (round up to a whole number) x /50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Notice of Appeal (\$500) & 1-month Ext. of Time (\$120) \$ 620.00

SUBMITTED BY Registration No. Telephone (407) 926-7710 Signature 30,622 (Attorney/Agent) Date 09/ Name (Print/Type) John L. DeAngelis

This collection of information is required by 37 CFR 1.136 The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, osphology process) an application. Confidencially is governed by 30.5.0. 122 and 3 CPT 114. This collection is estimated to take 3 minutes of minutes including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.